“BEST PRACTICES” SICK CALL INITIATIVE

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Performance Initiative: Sick Call

SITUATION

In April 2005 there was a sharp increase in morning sick call visits and a severe shortage of staff.

ACTION

We immediately tracked unit, complaint and disposition of these sick call visits, analyzed this information, and acted upon the results.

Analysis:

- Detailed data was collected for internal use and non-HIPAA-protected synopses were collected for communication to client unit liaisons.
- Complaints included many non-sick call appropriate issues such as STD checks, pregnancy tests, birth control, non-acute pain, and matters amenable to OTC treatment.
- Most of these patients were from a recently redeployed unit and were not aware of how to make best use of their healthcare support system.
- Dependents were also coming in during sick call hours.
- We need to immediately communicate with and train our client NCO leadership, soldiers, and dependents on how to use their healthcare resources effectively.

Action I:

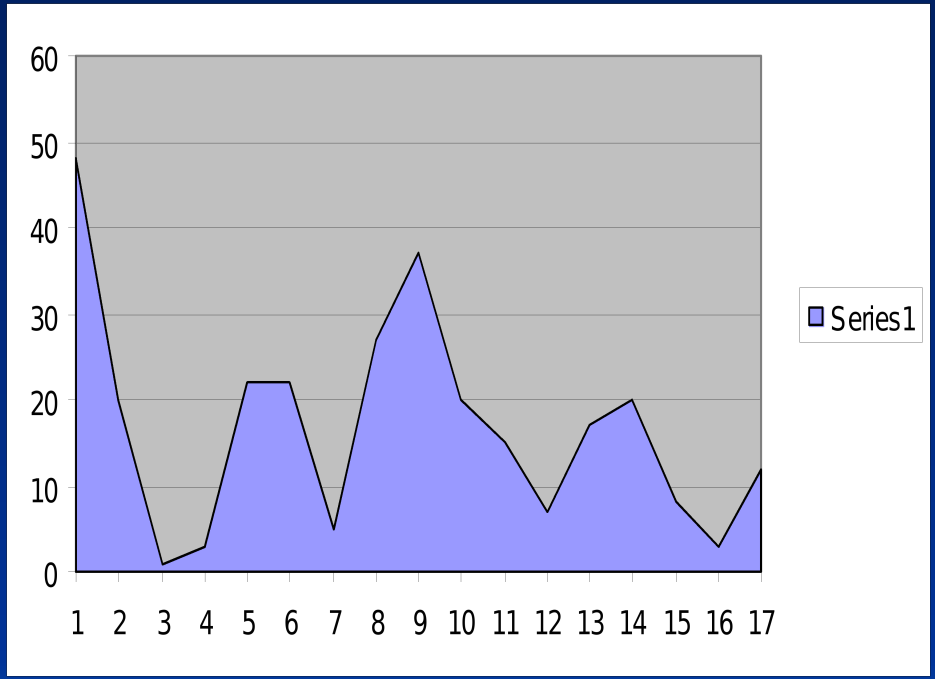
- We could see that we needed to train our NCO, soldier and dependent clients via 1-on-1 and mass communications
- A succinct flyer was emailed to NCOICs of the units we support to help them maximize healthcare for their soldiers
- The flyer clarified what are morning sick call issues, what are regular appointment issues, and what are OTC medication issues.
- The flyer got the word out on the 24/7 nursing hotline.
- Providers focusing on civilian care started an informal afternoon walk-in system for OB patients and urgent dependent issues.

Action II:

- A separate email was sent to units to remind them how to use an email sick call system to best secure definitive care for their soldiers.
- A nurse would come in early to match some sick call patients to appropriate providers with regular appointments before the soldier physically presented.

Results:

- Morning sick call presentations, steadily decreased and stabilized at about 10 per day, and more recently even fewer.
- More importantly, we got more of the patients we wanted to see at sick call and were able to get many of the ones better served by appointments seen that way.



Current Situation

- The units which constitute most of our sick call patients are still using the email/call in sick call system.
- For OB and civilian patients who have trouble finding slots for f/u visits, their providers usually tell them to do a walk in in the afternoons.
- With CHCS II it's easy to keep an overview of complaint types at sick call.
- We will continue use this proven solution to handle post-RDP surges in Sick Call usage
- On 16SEP05 we had 6 sick call patients, most units which heavy sick call constituency still use email sick call to secure acute slots for their soldiers.

Desired End State	• Reduce the number of patients with non-sick call issues presenting to morning sick call by at least 50% within 4 weeks.

Departments, Sections and Services Involved:	• Nursing, Providers, Screeners, Medical Records, Coding, NCO Office, Commander’s Office, Appointment Clerk.

Define the Problem	Define the proposed initiative. • Inappropriate use of morning sick call was impacting our ability to support our client units with the highest level of service and provide timely care to soldiers and family members. The initiative is to educate unit and individual soldiers on how to better use their healthcare support system, reduce time away from units, to increase productivity of clinic staff and improve access to care.

Risk Assessment (Probability Of Hazard):	WMEDDAC's high standards demanded that we take swift corrective action to manage sick call better so that the USAHC-Kitzingen can fully support our dual mission of unit support and individual patient care. Probability of hazard is low since education and communication with units is top priority and our staffing level was at all time lows.

Regulation Action if non-compliant:

What outcome if policy, JCAHO standard, etc is not in compliance ?

- **Focus**: Inappropriate and unnecessary presentations to sick call were affecting the USAHC-Kitzingen's consistent delivery of timely, definitive, efficient care particularly at a time of extremely low staffing levels and a high staff turnover during the summer transition.

Financial Impact:	• Potentially thousands of dollars in lost productivity, loss of morale among soldiers in units supported, costly wastes of human resources especially misused provider time and efficiency.

Patient Safety

- Greater risk of nosocomial infections during long waits, greater risk of priority patients not being seen in a timely manner, greater risk of patients having long-term loss of orthopedic functionality or lost chances to start to diagnose and treat an issue because they were reluctant to wait all day in a crowded waiting room to be seen. Severe overcrowding of waiting area, patients sitting in the floor causing further safety hazards

Short Term Impact on Current Operations

- Kitzingen soldier and unit support operations had quickly become visibly inefficient demonstrated by long lines and waits for sick call.
- The word was already out that sick call waits were long, showing disrespect to redeploying soldiers who had sacrificed so much and who deserve the most efficient care possible.
- Triage nurses working the email sick call system erred on the side of caution when deciding whether to have a soldier wait for a scheduled appointment rather than come in to morning sick call.

PLAN:

Methods used to improve the process, including:

- Educate our units and soldiers about our new Sick Call Initiative.
- Triage nurse recorded complaints, units while triaging. These were entered to a spreadsheet an analyzed by unit, type of complaint, disposition. The nursing staff developed a rotating schedule where a nurse comes into the clinic at 0630 every morning to receive the sick call reports from units and provide

DO:

- Immediately sent out a communication on sick call, what are and are not sick call complaints, the 24/7 nursing hotline, and the availability of OTC medications to units and to soldiers present at sick call to tell their peers.
- If there is a 50% or more decrease in morning sick call presentations the process should process should be continued.

CHECK: A look at our pre-CHCS II graphs and a at the CHCS II show that the initiative rapidly produced the desired results and continues to do so consistently. We still have some inappropriate presentations to sick call but the number is manageable.

ACT: The trial was successful.

- The current successful process is for client units to telephone a triage nurse with the complaint, severity, duration. The triage nurse responds by giving acute appointments to certain soldiers for that day, advises others to come to sick call as appropriate, and has other soldiers wait a day or two for non-acute issues if need be. OB providers continue to allow afternoon walk-ins when appointments are not available.
- Documentation, which had to be hand done at first but now can be obtained by CHCS II and continuously monitored. We are submitting the PI to committee to share with other units.
- Documentation is complete, we are submitting the Initiative to the Performance Improvement Council (PIC) for approval.

Area Identified for Improvement:

Sick Call. Floor nurses, Providers, Screeners, Front Desk, Appointments, Medical Records, Coding, X-Ray, Lab, Patient Advocate Office all impacted. Too many patients with non-sick call complaints were presenting to morning sick call, causing inefficiencies in productivity and access to care. The entire clinic recognized the need for a better process to improve our morning sick call and all agreed to implement the telephone sick call initiative.

Balanced Scorecard Priority: The initiative supports the BSC objectives of low hassle, quality, compassionate care, aligning resources with requirements, and staying within budget.

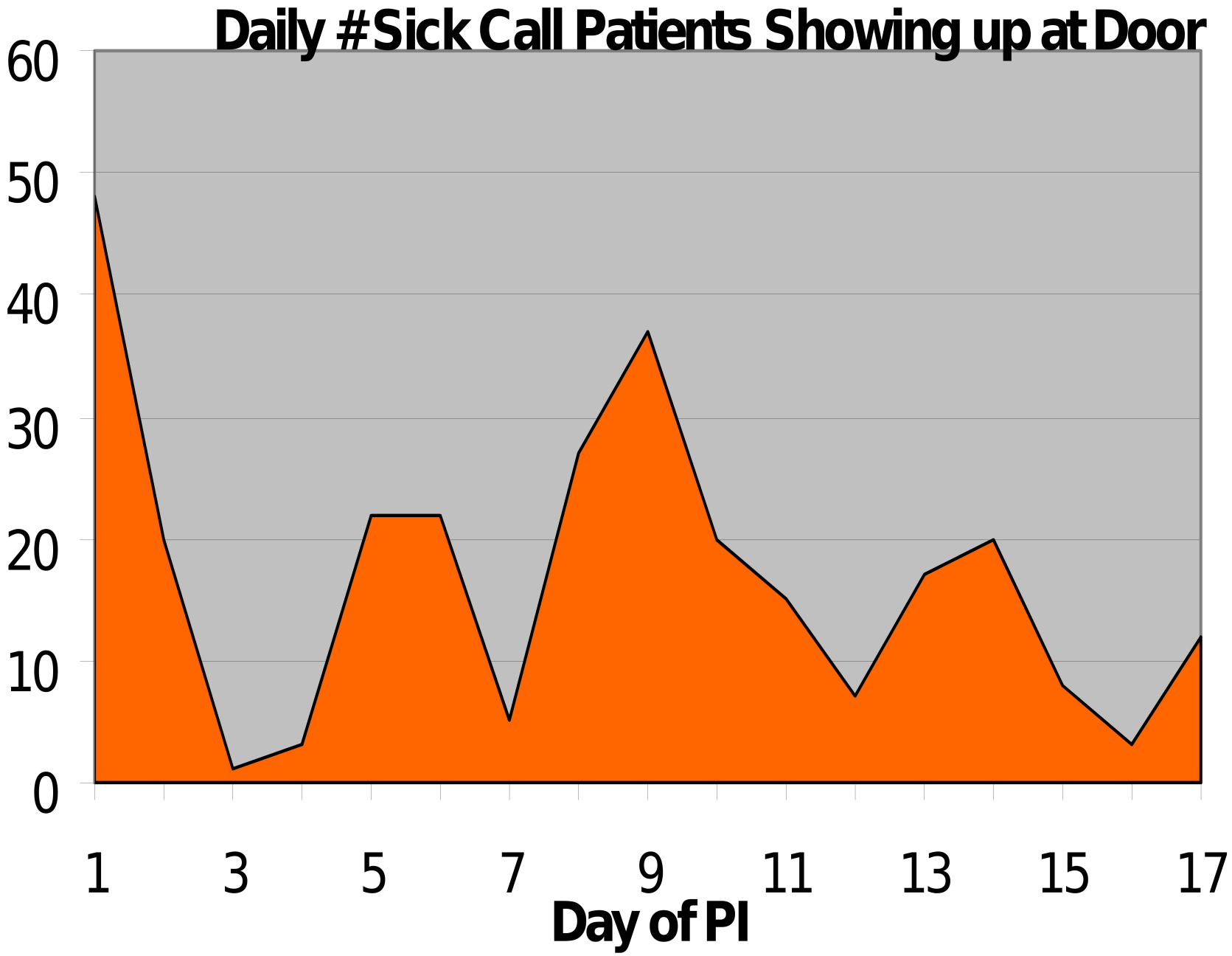
Identify Risk: Corrective measures critical needed to get us back to fulfilling our dual mandates without increasing staff level. Low risk due to extremely low staffing levels and full “buy in” from clinic staff.

Goal: Reduce morning sick call wait and numbers. Nurses, Screeners, Front Desk, NCO office, and Commander's Office worked together to get the word out to our community. Data collected by the triage nurse and entered to a spreadsheet for analysis by a screener. Nurses handled telephone sick call.

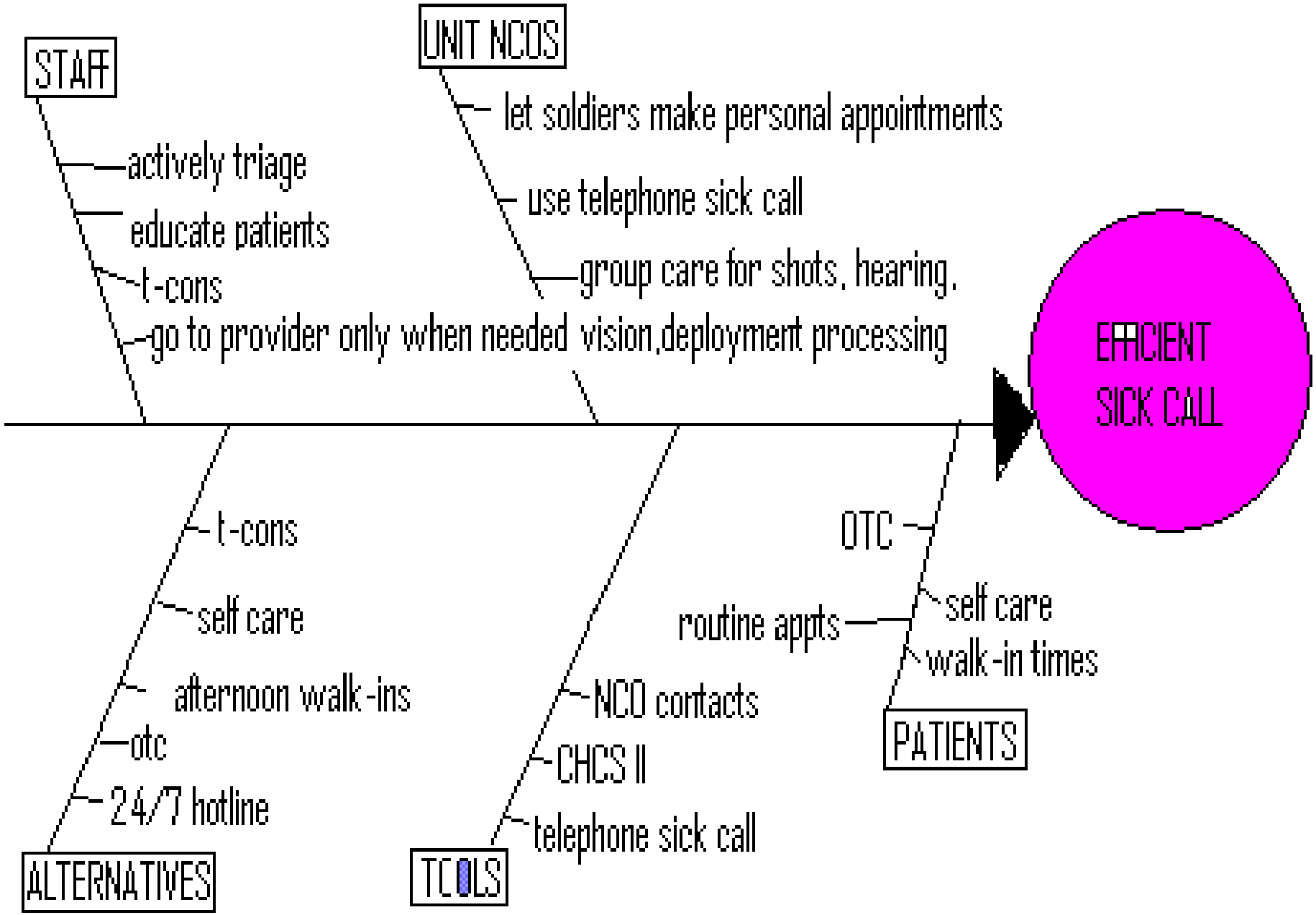
All units instructed to call the clinic to inform the triage nurse of soldiers needing to be seen. At the time, appointments were assigned to each soldier.

Date Completed: Completed in 2 weeks via rapid communication to units but results took the full 4 weeks. Statistics need no longer be manually kept as CHCS II captures the information automatically. The initiative was clearly successful. Will put out similar communication during redeployment processing to preempt the sick call surge.

Daily number of sick call presentations during the initial 4 week period from late April-Mid-May 2005 the graph): To the left of the graph had been 20-30 as a rough average of sick call presentations per day and to the left of the graph, a rough average of 6 sick call presentations per day in addition to the roughly six per day handled and given acute appointments via our sick call phone in system.


Daily #Sick Call Patients Showing up at Door
60
50
40
30
20
10
0
1
3
5
7
9
11
13
15
17
Day of PI

Action(s): Nurses continued to conduct telephone triage and report that units with relatively heavy sick call usage continue to use telephone sick call. On average about 6 cases are handled this way per day. Soldiers and units are better able to determine what are and are not sick call or regular appointment issues. Providers handling family members and OB patients permit walk-ins in the afternoons during periods when patients cannot get appointments. Data now viewable right from CHCS.


STAFF
actively triage
educate patients
t-cons
go to provider only when needed
UNIT NCOS
let soldiers make personal appointments
use telephone sick call
group care for shots, hearing, vision,deployment processing
EFFICIENT SICK CALL
t-cons
self care
afternoon walk-ins
otc
24/7 hotline
ALTERNATIVES
NCO contacts
CHCS II
telephone sick call
TOOLS
OTC
routine appts
self care
walk-in times
PATIENTS

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QUESTIONS,
COMMENTS

TAKING CARE!!